



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**October 2005**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
Intrepid U.S.A, Inc.	Kalispell	Expansion of HHA into Powell County	None reported	4/12/05	5/05	No	9/8/05	8/26/05		11/23/05	Y 10/21/05	
Northwest Health Care, Kalispell Regional Medical Ctr, Home Options	Kalispell	Acquire license, facility & services of Lake County HHA	None Reported	10/28/05	10/05	NR	N/A	N/A	N/A	NR	NR	NR

**LEGEND:**

ASC-Ambulatory Surgical Center  
 CDU-Chemical Dependency Unit  
 CO-County  
 CR-Comparative Review  
 DEC-Decision  
 DISMISS-Appeal dismissed  
 FAC-Facility  
 HHA-Home Health Agency

H-Hospital  
 IHS-Indian Health Service  
 LOI-Letter of Intent  
 LTC-Long-Term Care  
 MTH-Month of Notice  
 NH-Nursing Home  
 NR-Non-Reviewable Project  
 N/A-Not Applicable

R-Reconsideration Hearing/Date  
 REQ-Request  
 TBA-To Be Announced  
 TBI-Traumatic Brain Injury  
 10/10-Ten Bed/Ten Percent Rule (MCA 50-5-301)  
 N-Disapproval                      Y-Approval or Yes  
 DATES-Month/Day/Year

\* First-year operating cost HHA